

GUIDE STEPS FOR SCHEDULE F-2

(Schedule F-2 is used for a sub-sample of files reviewed using the F1)

Form 2 (F-2) is used for a sub-sample of the student files reviewed using the F-1. It contains the procedural elements that often trip up an LEA on a day-to-day basis. The following is a guide for the number of files to review using the F-2.

No. of special education students	Less than 10	15-100	101-250	251-500	501 or more
No. of files using F-1	All	10-15	15-25	25-35	35-50
No. of files using F-2	2-5	2-8	4-12	7-16	10-20

Consideration should be given to the number of special education teachers, evaluators, and schools in the LEA in determining how many F-2s should be completed. It is important to complete F-2s on students phased out of special education and included in the general sampling.

Information from all completed F-2s must be transferred to an F-2 summary. If a computer is used for data entry, the program will automatically insert the information into the Summary of Findings.

If data are to be recorded by hand, information may be recorded directly on the F-2 summary or on an individual F-2 and then to the F-2 summary. In either event, the information from the F-2 summary must be transferred to the Summary of Findings by hand.

Step 1:	Record the demographic information requested. If the student does not have a census number, use the birthdate and initials. Obtain the census category from the most recent census submitted to the ADE.
Step 2:	Conduct the file review and record the information using the following codes: I = In compliance O = Out of compliance U = Unreported
Evaluation and Eligibility Determination	
For each disability category, the evaluation documents all the required components AND documents that the disability has an adverse effect on educational performance.	
Method: Determine if the evaluation includes the requirements for the disability category identified by the MET. There must be documentation of the adverse effect of the disability on educational performance. "Education performance" is not limited to academic achievement. Compliance calls will be made on the eligibility categories determined by the MET/IEP team. All other categories will be marked U.	
II.B.14.a	Speech or Language Impairment (SLI): a communication disorder such as stuttering, impaired articulation, severe disorders of syntax, semantics or vocabulary, or functional language skills, or a voice impairment to the extent that it calls attention to itself, interferes with communication, or causes a child to be maladjusted.
II.B.14.b	Specific Learning Disability (SLD): a significant discrepancy between achievement and ability in one or more areas: oral or written expression, basic reading skills, reading or listening comprehension, mathematics calculation or reasoning. The disorder may result in an imperfect ability to listen, think, speak, read, write, spell or do math. Each LEA establishes its own criteria for SLD eligibility.

II.B.14.c	A classroom observation by someone other than the child's regular classroom teacher.
II.B.14.d	A certification of each team member's agreement/disagreement. This certification may be contained in the report or may be located on a separate eligibility statement.
II.B.14.e	A determination of the effects of environmental, cultural, or economic disadvantage.
II.B.14.f	Mild Mental Retardation (MIMR): performance on standard measure of intellectual and adaptive behavior between 2 and 3 SD below the mean for children of the same age.
II.B.14.g.	Moderate Mental Retardation (MOMR): performance on standard measure of intellectual and adaptive behavior between 3 and 4 SD below the mean for children of the same age.
II.B.14.h	Emotional Disability (ED): verification by a psychologist or psychiatrist of one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: inability to learn, inability to build or maintain relationships, inappropriate behavior/feelings, unhappiness or depression, physical symptoms/fears, or schizophrenia which adversely affects education performance. If there is evidence that a child's condition has changed, look for documentation that the team discussed the need for an updated medical verification.
II.B.14.i	Other Health Impaired (OHI): verification by a doctor of medicine of limited strength, vitality or alertness, including heightened alertness to environmental stimuli (such as ADD or ADHD), that is due to chronic or acute health problems and adversely affects student performance. If there is evidence that a child's condition has changed, look for documentation that the team discussed the need for an updated medical verification.
II.B.14.j	Hearing Impairment (HI): verification by an audiologist of a hearing impairment that interferes with the child's performance in the educational environment and requires the provision of special education and related services. If there is evidence that a child's condition has changed, look for documentation that the team discussed the need for an updated medical verification.
II.B.14.k	Evaluation of the language proficiency of the child. Documentation of the child's mode of communication and the effectiveness of the child's ability to access the general curriculum through its use.
II.B.14.l	Visual Impairment (VI): verification by an ophthalmologist of a visual impairment that interferes with the child's performance in the educational environment and that requires the provision of special education and related services. If there is evidence that a child's condition has changed, look for documentation that the team discussed the need for an updated medical verification.
II.B.14.m	Individualized Braille literacy assessment has been completed. This assessment should address the effect that the visual impairment has on reading and writing performance commensurate with ability.

II.B.14.n	Orthopedic Impairment (OI): verification by a doctor of medicine of one or more severe orthopedic impairments, including those caused by congenital anomaly, disease and other causes such as amputation or cerebral palsy, and that adversely affect educational performance. If there is evidence that a child's condition has changed, look for documentation that the team discussed the need for an updated medical verification.
II.B.14.o	Severe Mental Retardation (SMR): performance on a standard measure of intellectual and adaptive behavior at least 4 SD below the Mean for children of the same age.
II.B.14.p	Autism (A): a developmental disability that significantly affects verbal and nonverbal communication and social interaction that adversely affects educational performance.
II.B.15.q	Traumatic Brain Injury (TBI): verification by a doctor of medicine of an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disabilities or psychosocial impairment, or both, that adversely affects educational performance. If there is evidence that a child's condition has changed, look for documentation that the team discussed the need for an updated medical verification.
II.B.14.r	Multiple Disability (MD): multiple disabilities include two or more of the following: HI, OI, MOMR, and/or VI or a child with one of the disabilities already listed in this section existing concurrently with MIMR, ED, or SLD.
II.B.14.s	Multiple Disability with Severe Sensory Impairment (MD-SSI): multiple disabilities include: (1) severe visual impairment or hearing impairment, with another severe disability or (2) severe visual impairment and severe hearing impairment.
II.B.14.t	Preschool Moderate Delay (PMD): at least 1.5 SD and not more than 3.0 S.D. below the mean in two or more of the following areas: cognitive, motor, communication, social/emotional, or adaptive development.
II.B.14.u	Preschool Severe Delay (PSD): more than 3.0 SD below the mean in one or more of the following areas: cognitive, motor, communication, social/emotional, or adaptive development.
II.B.14.v	Preschool Speech or Language Delay (PSL): speech which, out of context, is unintelligible to an unfamiliar listener AND/OR at least 1.5 SD below the mean in language.
II.B.14.w	That the child is not eligible for services under another preschool category as evidenced by a comprehensive developmental assessment (CDA). The CDA may not rely on instruments designed as screening tools.
Individual Education Plan (IEP)	
III.B.7	For initial placements only: The IEP was developed within 30 days of determining eligibility. Method: Compare the date the MET determined eligibility to the IEP date in order to verify that the IEP was developed within 30 calendar days. Mark this item U if the IEP is not tied to an initial eligibility.

III.B.8.a	<p>Date of the initiation of special education services and program adaptations</p> <p>Method: Determine if the initiation date of each service and program adaptation is identified by month, day, and year. This item cannot be marked U.</p>
III.B.8.b	<p>Duration of special education services and adaptations.</p> <p>Method: Determine if the duration of each service and program adaptation is identified by month, day and year by including a precise ending date. This item cannot be marked U.</p>
III.B.8.c	<p>Frequency of services and adaptations.</p> <p>Method: Review the IEP to determine if it is clear to the reader how much service will be provided. Under limited circumstances, a range of services may be permitted. This item cannot be marked U.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. 15 minutes 3 times a week = In compliance 2. as needed = Not in compliance 3. during every math class = In compliance 4. following a seizure, 30-45 minutes to compensate = In compliance
III.B.8.d	<p>The location of each service or adaptation.</p> <p>Method: The location should not be a specific room (e.g., Mrs. Smith's class) but should reflect the type of location (resource room, regular math class). This item cannot be marked U.</p>
III.b.8.e	<p>An explanation of the extent the child will <u>not</u> participate with non-disabled peers.</p> <p>Method: Determine if the IEP contains an explanation of the extent of <u>non</u>-involvement with non-disabled children. This could be documented in a variety of ways or places within the IEP. This item cannot be marked U.</p>
III.B.8.f	<p>Identification of any potential harmful effects (drawbacks) the selected placement may have for the student.</p> <p>Method: Review documentation of potential harmful effects for the student or quality of services for student. There must be evidence of a discussion about whether the potential harmful effects of the recommended placement outweigh the potential positive effects of the placement. The harmful effects must be considered individually and boilerplate statements are not appropriate.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. No harmful effects = Not In compliance 2. None = Not in compliance 3. Higher pupil/teacher ratio in regular class = In compliance 4. Peter will miss part of his regular social studies class when he goes to speech therapy = In compliance <p>This item cannot be marked U.</p>

III.B.8.g	<p>Consideration of the communication needs of the student.</p> <p>Method: Determine if the communication needs of the child have been addressed within the IEP. This item cannot be marked U.</p>
III.B.8.h	<p>Consideration of whether the child requires assistive technology devices and services.</p> <p>Method: Determine if consideration was given to the child's need for assistive technology, regardless of disability. An AT device can be any item that increases, maintains or improves the functional capabilities of a child. AT service is the direct assistance needed in the evaluation of the need for and the selection, acquisition, or use of an AT device. Devices can range from low to high tech. AT services may include training for staff in the use of the device(s). This item cannot be marked U.</p>
III.B.9.a	<p>The IEP includes consideration of the language needs for a student who is limited English proficient.</p> <p>Method: Mark with an I or O only for LEP students; otherwise mark with a U.</p>
III.B.9.b	<p>For students who are visually impaired, or students with multiple disabilities including a visual impairment, the IEP identifies the results of a Braille assessment and that the team agrees on student's need for Braille instruction.</p> <p>Method: If student is not VI mark U. Arizona statute is more specific on this topic than is federal statute. If Braille is NOT to be provided to a visually impaired student, the IEP team must document consensus that the visual impairment does not affect reading and writing performance in all subject areas commensurate with ability.</p>
III.B.9.c	<p>For students who are hearing impaired, the IEP includes consideration of the child's language and communication needs including opportunities for direct instruction in the child's language and communication mode.</p> <p>Method: If a student is not HI mark U. If student is HI, determine if the IEP team took into account the language levels and communication mode of the student when developing the IEP.</p>
III.B.9.d	<p>The IEP for any child placed in a private residential facility (PRF) for educational reasons includes exit criteria that indicate under what circumstances the child can be moved to a less restrictive environment.</p> <p>Method: If the child is placed in a PRF for educational reasons, determine if exit criteria are included in the IEP. If a child placed in a PRF for non-educational reasons, this item is marked U.</p>
III.B.9.e	<p>The IEP for any child placed in a private residential facility (PRF) includes a plan outlining the provision for integrated opportunities.</p> <p>Method: Determine if the IEP includes opportunities for special education students to be integrated into appropriate activities with children who are not disabled. The IEP team may determine that, for a specific student, integration opportunities are not appropriate at a given time. The IEP team may not base its decision on administrative convenience alone.</p>

III.B.10.a	<p>Identification of transition services including instruction, related services, community experiences, development of employment objectives, development of adult living objectives, and if appropriate, daily living skills and functional vocational evaluation.</p> <p>Method: The statement must indicate what will be provided in these areas to help the student's transition to desired postschool activities.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Instruction – Enrollment in Biology, Consumer Math, Health Occupations; 2. Related Services – Rehabilitation counseling for disability awareness; 3. Community experiences – Field trips to nursing schools and health facilities; 4. Employment objectives – Enrollment in work experience; 5. Adult Living objectives – Instruction in money management.
III.B.10.b	<p>If appropriate, each public agency's responsibilities or linkages, or both for providing transition services.</p> <p>Method: Determine if there is a narrative of responsibilities or linkages when another agency attends transition meeting and/or is providing transition services.</p> <ul style="list-style-type: none"> • If agency not invited and agency responsibilities are not needed, mark I on IEP participants on the F-1 and U on the F-2. • If agency not invited to the IEP meeting when agency can provide/pay for services, mark O on IEP participants on the F-1 and U on the F-2. • If agency invited to attend IEP meeting and agency responsibilities are described, mark I on IEP participants on the F-1 and I on the F-2. • If agency invited to attend and agency responsibilities seem appropriate but are not described, mark I on IEP participants on the F-1 and O on the F-2.
III.B.10.c	<p>Identification of alternative transition strategies if a participating agency fails to provide identified services. Alternative strategies could include referral to another agency, identification of other possible funding sources, or identification of alternative ways to provide the same or similar services.</p> <p>Method: This item is used only when a previous IEP has indicated that services are to be provided by another agency and that agency has failed to provide the services.</p> <ul style="list-style-type: none"> • If the LEA reconvened the IEP team to determine alternate strategies, mark this item I. • If the LEA should have reconvened the IEP team and did not, mark this item in O. • If the need to reconvene the IEP team for this reason did not arise, mark this item as U.
Additional considerations are as follows:	
III.B.12	<p>Progress reports are provided to parents of children with disabilities at least as often as they are provided to parents of non-disabled children.</p> <p>Method: Review the student's educational records to determine if a progress report has been provided to parents of the child at least as often as reports have been provided to parents of non-disabled children.</p>

IV. B. 1	<p>Parental consent for initial placement was obtained prior to entry on the census and provision of services</p> <p>Method: Compare the date of consent for special education services with the date that the child was included on the census and services were first initiated. The date of consent must be prior to the provision of service.</p>
IV.B.9	<p>Hearing screening (with follow-up) was conducted annually (each school year) for each student placed in a special education program.</p> <p>Method: Determine if the student, aged 3-21, has a current hearing screening with follow-up as necessary. Use judgement to determine if the screening is current. Generally, credit is given for this item when evidence of screening (and follow-up) is documented annually.</p> <p>Follow-up may include a re-test with normal results or referral to the nurse, audiologist, or physician. If a referral is provided, it is the responsibility of the LEA to maintain oversight of the student's hearing status until resolution of the problem.</p>